

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Homer Bell

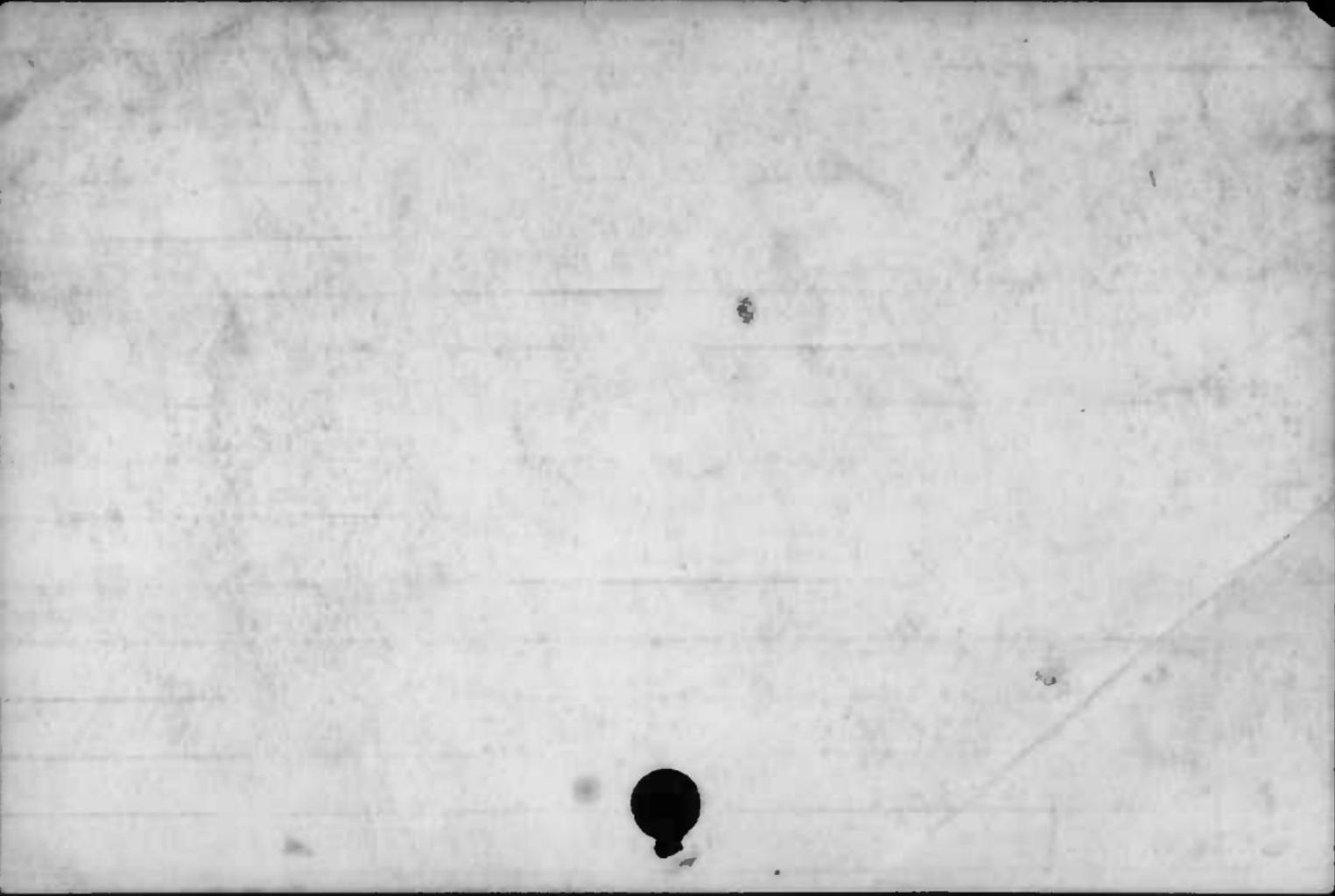
CERTIFICATE OF DEATH

Died at <u>near Rockville</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>11</u>	Day <u>12</u>	Age <u>31</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Maryland</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>X</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Unknown</u>			Father's Name <u>David Bell</u>	Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Pearlma Bell</u>	How related to deceased <u>Not at all</u>					

CAUSES OF DEATH

Primary <u>Pulmonary Tuberculosis</u>	How long <u>11 months</u>
Immediate <u>Exhaustion</u>	How long <u>One week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edward Anderson, M.D.</u>
	Address <u>Rockville, Md.</u>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Still-Born

Bolton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Claysville

County
Montgomery

MARYLAND

Date
of death

1908

Month
Nov

Day
3

Years
—

Months
—

Days
—

Sex

Female

Color or
Race

white

Birth-
place

Occupation

—

Where Residing if not
at place of death
—

Married, Single
or Widowed

—

Name of Wife or
Husband
—

Father's
Name

Theodore Nathaniel Bolton

Father's
Birthplace

Montgomery Co

Mother's
Maiden Name

Marion May Howes

Mother's
Birthplace

Montgomery "

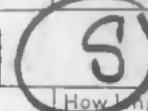
Name of person giving
Information

V H Dyer

How related
to deceased

None

CAUSES OF DEATH



Primary

Still Born Child

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

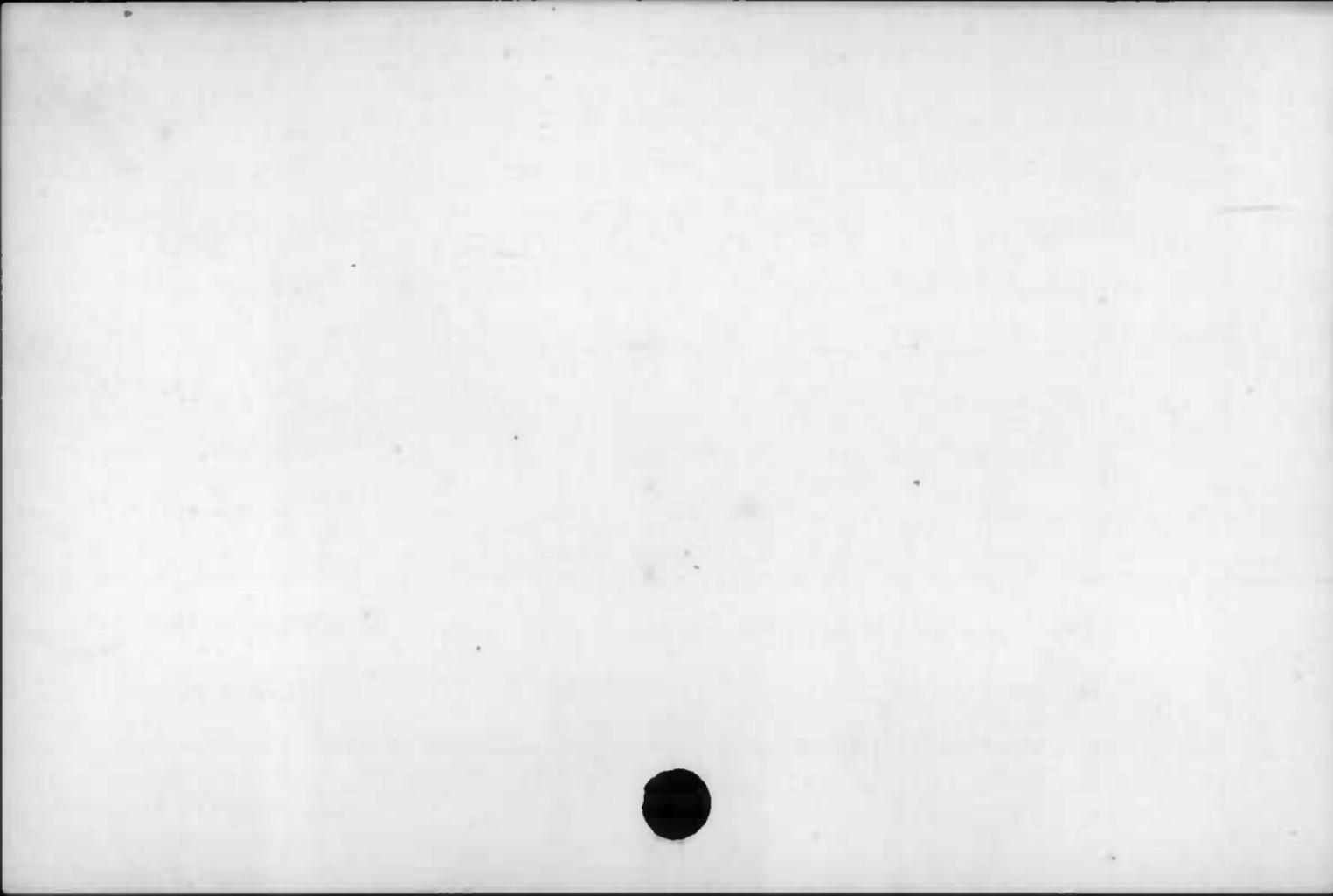
yes

Signature of
Physician

Address

J H Dyer M.D.
Laytonville Ind

Accident or Suicide?



Name
In
Full

Sallie Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Sandy Spring		County	MARYLAND		
Date of death	1908	Month 11	Day 22.	Years 81	Months 11-	Days 15
Sex	Female		Color or Race	white		
Occupation	House wife		Where Residing if not at place of death	at Sandy Spring		
Married, Single Widow	Name of Wife Husband		Samuel S. Bond			
Father's Name	James Parsley		Father's Birthplace	Howard C.O.		
Mother's Maiden Name	Elizabeth Thompson		Mother's Birthplace	Montgomery C.O.		
Name of person giving information	John H. Parsley		How related to deceased	Nephew		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

Carcinoma (stomach, liver, 3 months

How long

Immediate

Convulsions

and pancreas) 12 hours

How long

Are the name, age, sex, color, date and place correctly given above?

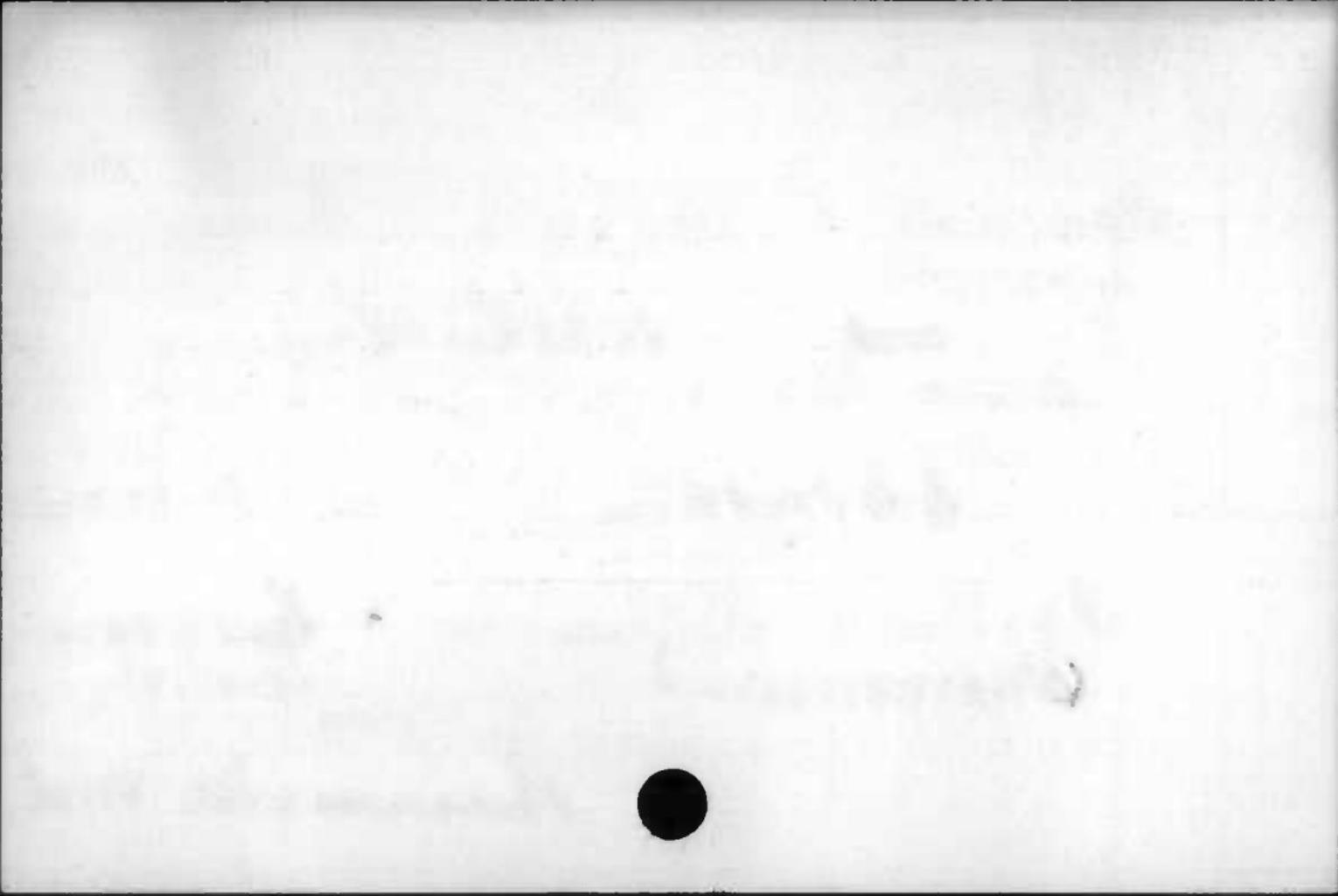
yes

Signature of Physician

Address

Roger Brooks
Sandy Spring Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	1908	Month 11	Day 12	Age 52	Years	Months
Sex	Female	Color or Race	Black	Birth-place	Montgomery Co	
Occupation	Laundress		Where Residing if not at place of death	—		
Married, Single or Widowed	widow		Name of Wife or Husband	Walter Brown		
Father's Name	Not Known		Father's Birthplace	Unknown		
Mother's Maiden Name	Not Known		Mother's Birthplace	Unknown		
Name of person giving Information	G. S. Stensrud		How related to deceased	Daughter		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Mytrial disease of

Immediate

new Pneumonia

How long

less than year
less than day

Are the name, age, sex, color, date and place correctly given above?

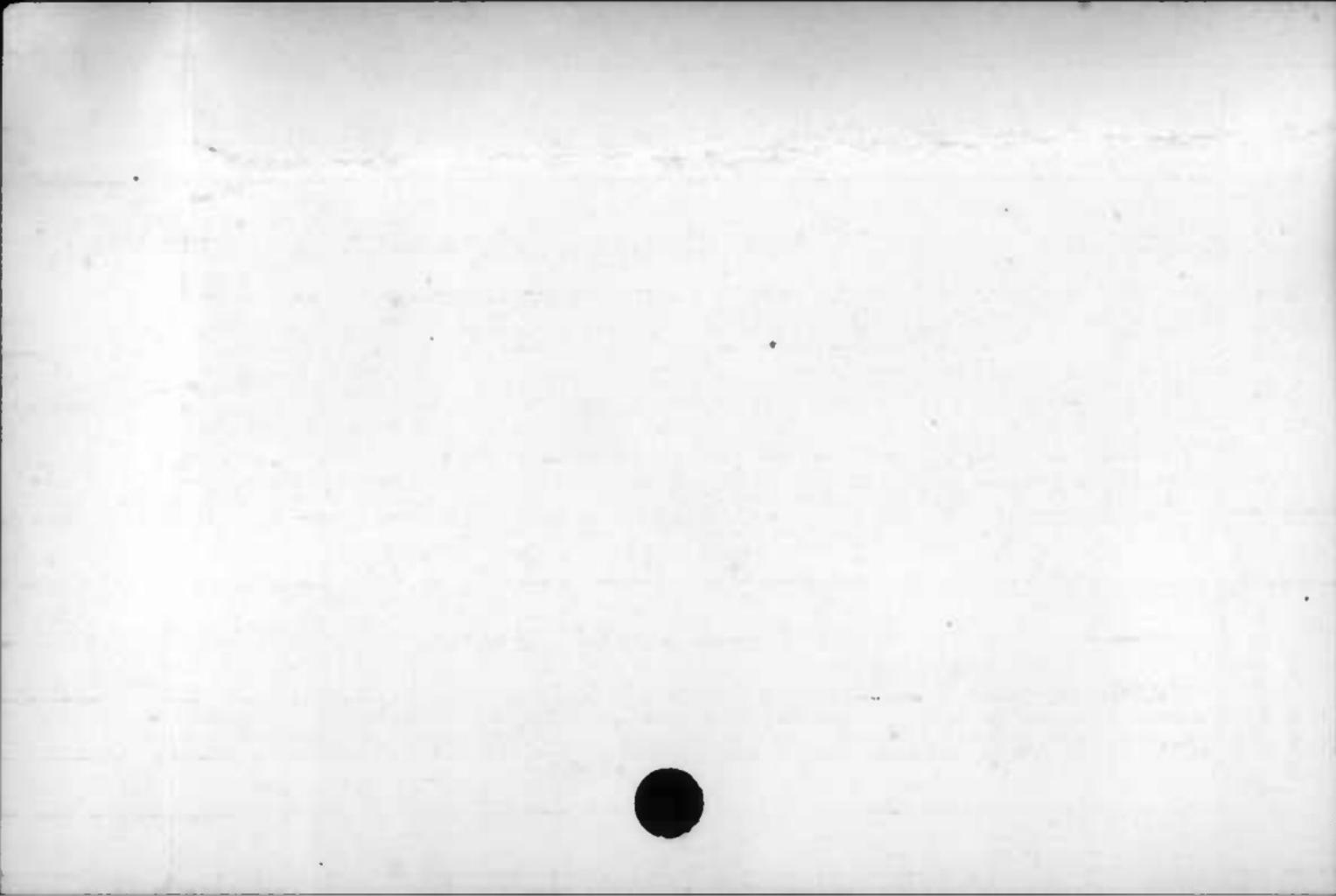
Yes

Signature of Physician

Address

J. S. Stensrud
Barnsville Md

Accident or Suicide?



Name
in
Full

Henry Agustus Burgess

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Ashland	Montgomery			
Date of death	Month	Day	Years	Months	Days
1908	11	26	-	-	5
Sex	Male	Color or Race	Neutala	Birth-place	Ashland Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Alfred Burgess				
Mother's Maiden Name	Grace Virginia Hall				
Name of person giving information	James A. Burgess				
Father					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary
Hemorrhage Stomach

How long

6 hours

Immediate
emia

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

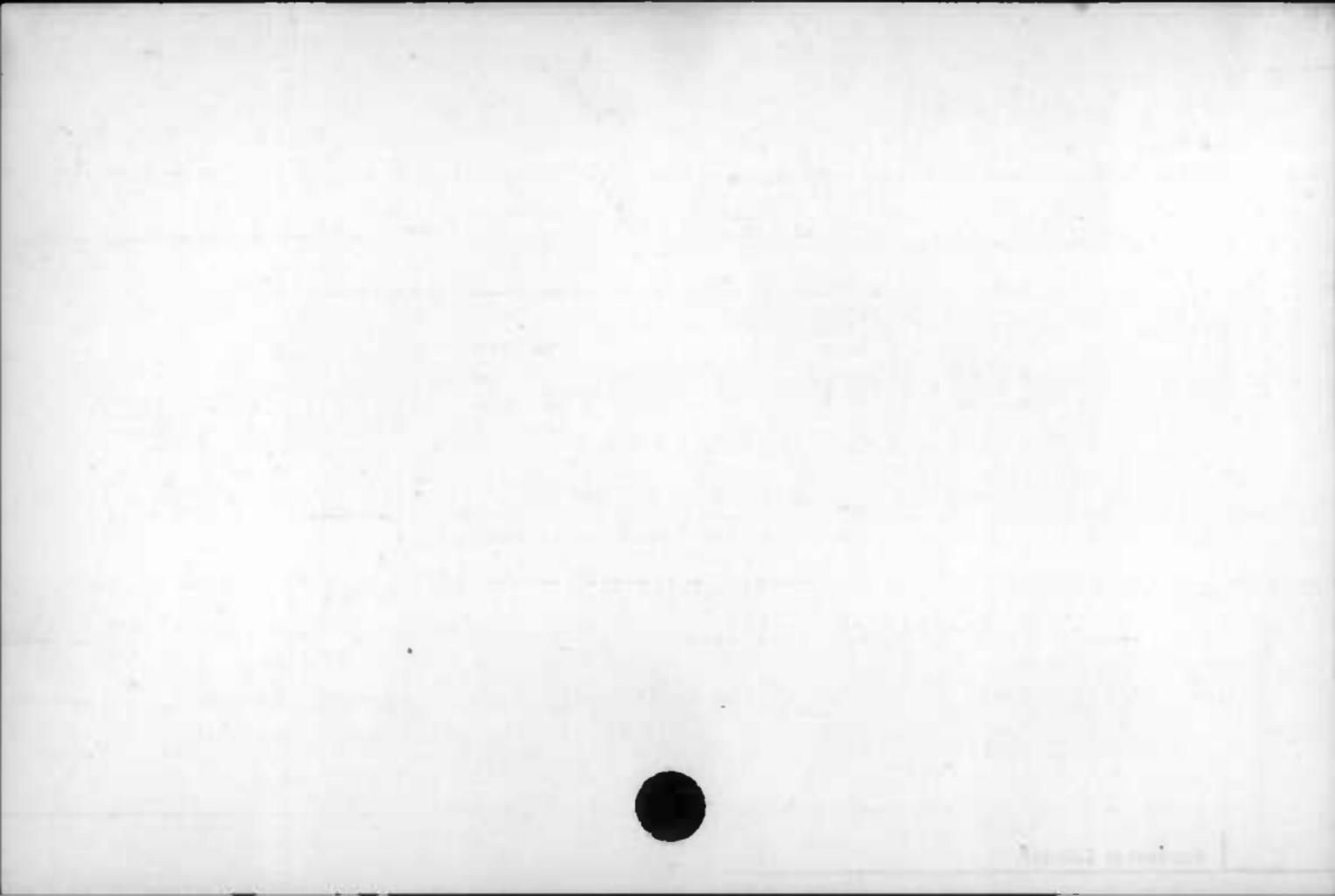
Signature of Physician

Address

Roger Barker

Sandy Spring
Md

Accident or Suicide?

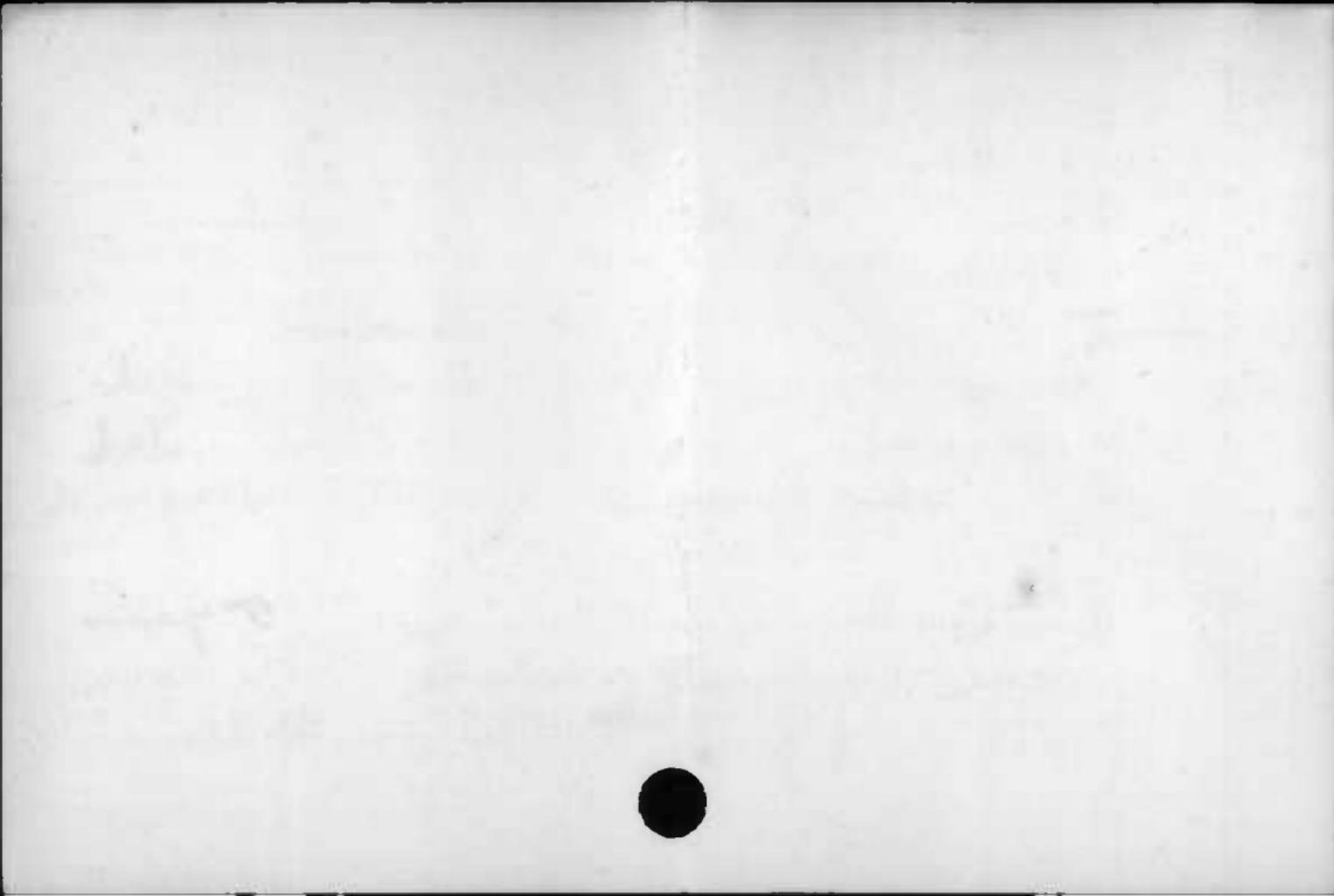


Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

Carniecar					CERTIFICATE OF DEATH		
Died at	Wheaton	Town	County	MARYLAND			
Date of death	1908	Month Nov	Day 11	Years —	Months —	Days —	
Sex	Male	Color or Race	white	Birth-place	Md		
Occupation	—	Where Residing if not at place of death			—		
Married, Single or Widowed	Married	Name of Wife or Husband	X				
Father's Name	Jno N. Carniecar	Father's Birthplace	Md				
Mother's Maiden Name	Emma Maynader	Mother's Birthplace	Md				
Name of person giving Information	Jno N. Carniecar	How related to deceased	Father				
CAUSES OF DEATH							
Primary	Prolonged labor			(S)	How long	—	
Immediate	Shee Prow				How long	—	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	W. L. Lewis			
			Address	Kensington Md			
Accident or Suicide?							



Name
in
Full

Emma Creamer

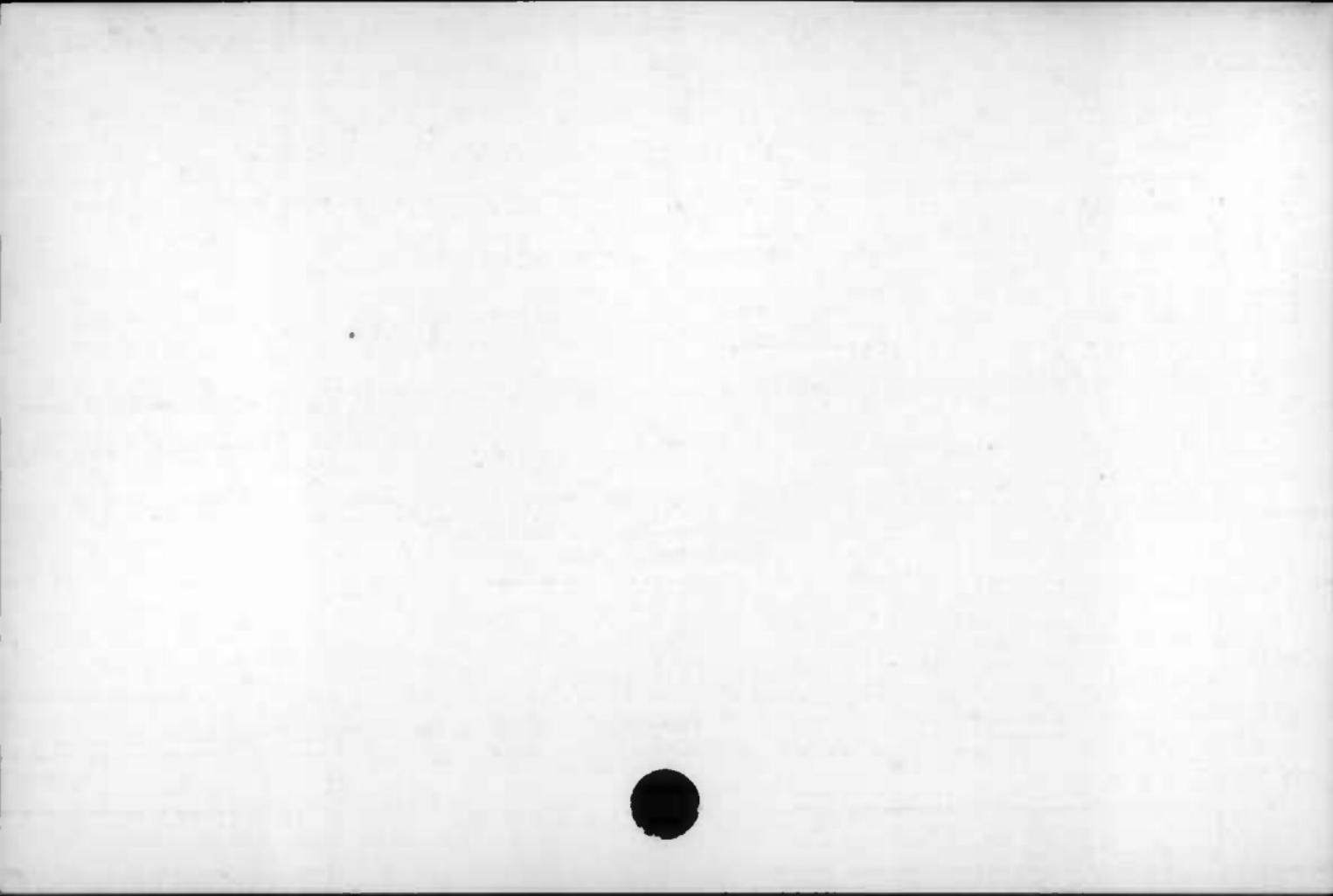
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Dearborn	Montgomery			
Date of death	Month	Day	Years	Months	Days
1908	Nov	28	Age	50	—
Sex	Female	Color or Race	W	Birth-place	Idd
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	John Creamer			
Father's Name	Ivius Osgood	Father's Birthplace	Idd		
Mother's Maiden Name	Elizabeth Butts	Mother's Birthplace	Idd		
Name of person giving information	John Creamer	How related to deceased	Husband		
CAUSES OF DEATH					
Primary	Pernicious Anemia - due to hemorrhage			How long	5 years
Immediate	Acute - indigestion & exhaustion			How long	One hour
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Clairborne H. Murray, M.D.	
			Address	Rockville	
Accident or Suicide?		No			

104

PHYSICIAN
OR CORONER



Name
in
Full

Conjetta Morrison Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Linden

Town

County

MARYLAND

Date
of death

1908

Month

11

Day

6

Years

34

Months

10

Days

28

Sex

female

Color or
Race

white

Birth-
place

District of Col.

Occupation

wife + mother

Where Residing if not
at place of death

Married, Single
or Widowed

Name of wife or
Husband

George R. Davis

Father's
Name

Alex. H. Morrison

Father's
Birthplace

St. Louis, Mo.

Mother's
Maiden Name

Mary J. Ellis

Mother's
Birthplace

Kansas City, Mo.

Name of person giving
Information

George R. Davis

How related
to deceased

Husband.

CAUSES OF DEATH

116

How long

4 days

How long

2 hours

Primary

Female peritonitis

How long

2 hours

Immediate

Intestinal perforation

Are the name, age, sex, color, date
and place correctly given above?

Yes.

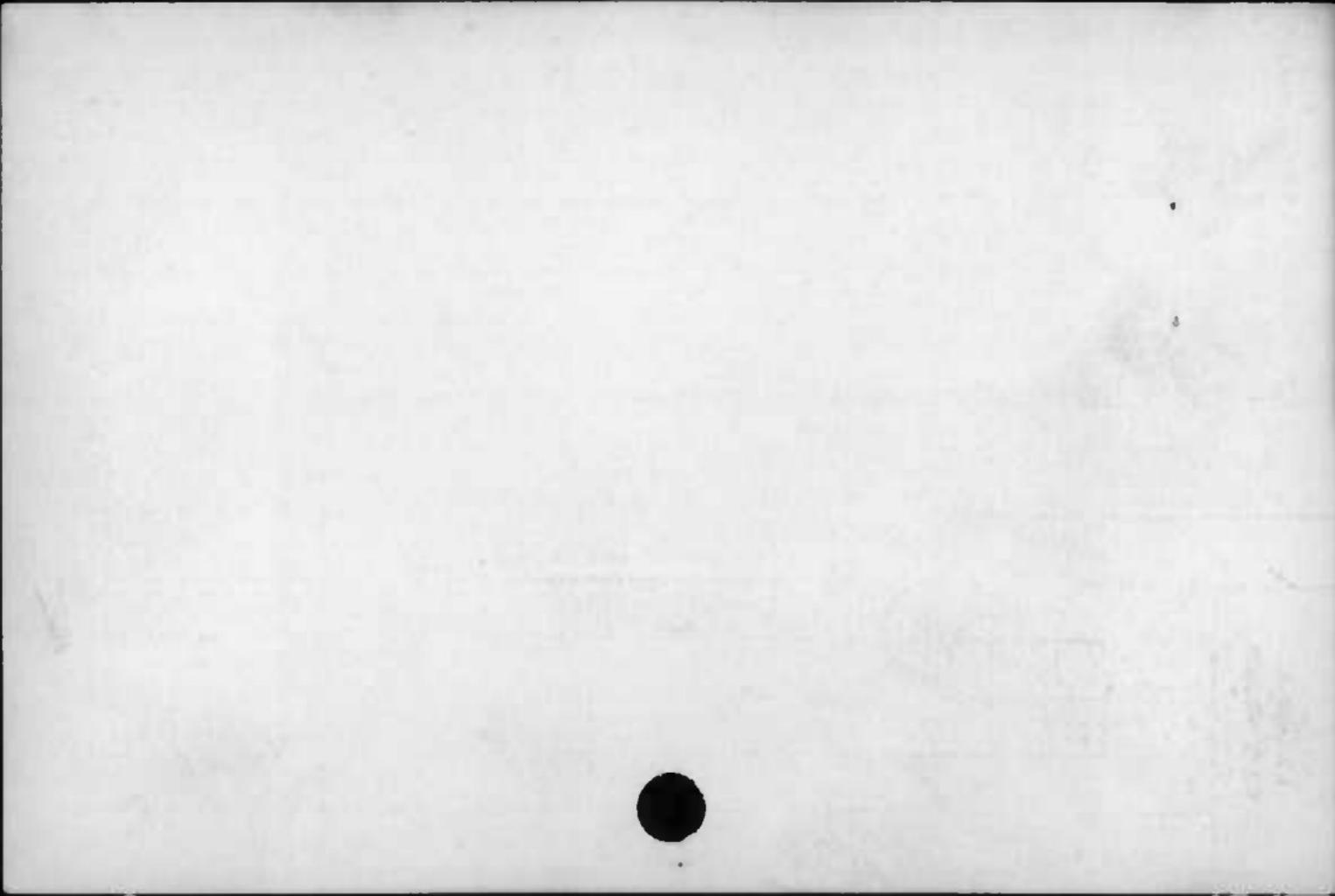
Signature of
Physician

Address

G. H. Wright
Forest Glen
Maryland

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Still Born Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace	
Mother's Maiden Name	Bessie Diggs		Walter Davis	Mother's Birthplace	
Name of person giving information	Walter Davis		Walter Davis	How related to deceased	

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary

Asphyxia

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

E C Etcubion

Address

Gaithersburg
Md

Accident or Suicide?



Name
in
Full

Theodore Davis.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Takoma Park</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Nov-</u>	Day <u>7</u>	Years <u>9</u>	Months <u>X</u>	Days <u>X</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Takoma Park Md.</u>			
Occupation <u>X</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>X</u>		Father's Name <u>Ben G. Davis</u>	Father's Birthplace <u>Illinois</u>	
Mother's Maiden Name <u>Annie L. Sharp</u>			Mother's Birthplace <u>Pa.</u>		
Name of person giving Information <u>Dr. A. V. Parsons</u>	How related to deceased <u>Physician.</u>				

CAUSES OF DEATH

(61)

How long

5 days

How long

PHYSICIAN
OR CORONER

Primary

Cerebro Spinal meningitis

Immediate

Yes

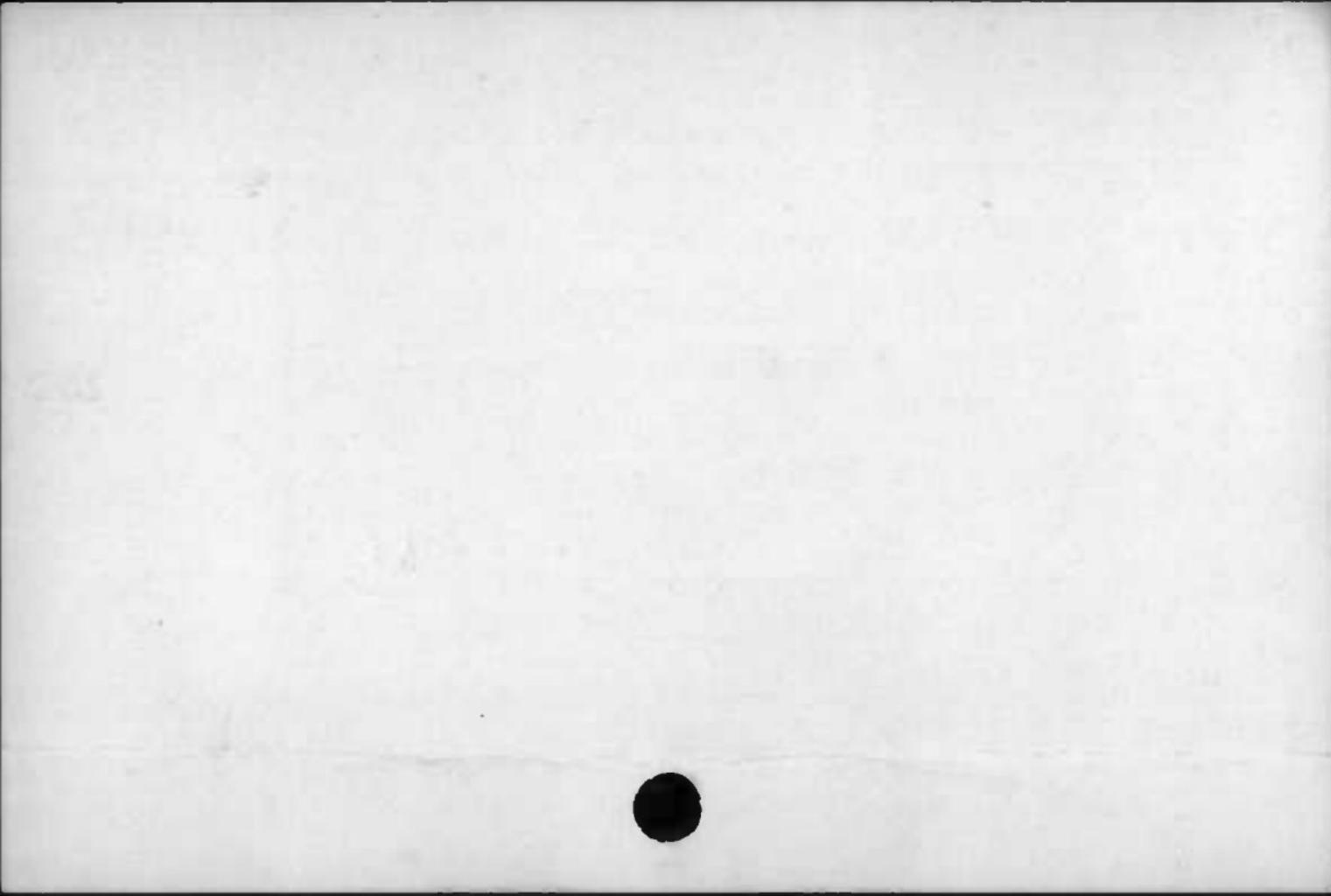
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. M. Moore, Registrar
Takoma Park D.C.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Carrie Greishaber

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	Birth-place	Death-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Greishaber					
Mother's Maiden Name	Mannie Knott					
Name of person giving information	Mannie Knott					

CAUSES OF DEATH

Primary

Membranous Croup

9

How long

8 Days

Immediate

Membranous Croup

8 Days

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

E. A. Etchison

Guthersburg,
Md.

Accident or Suicide?

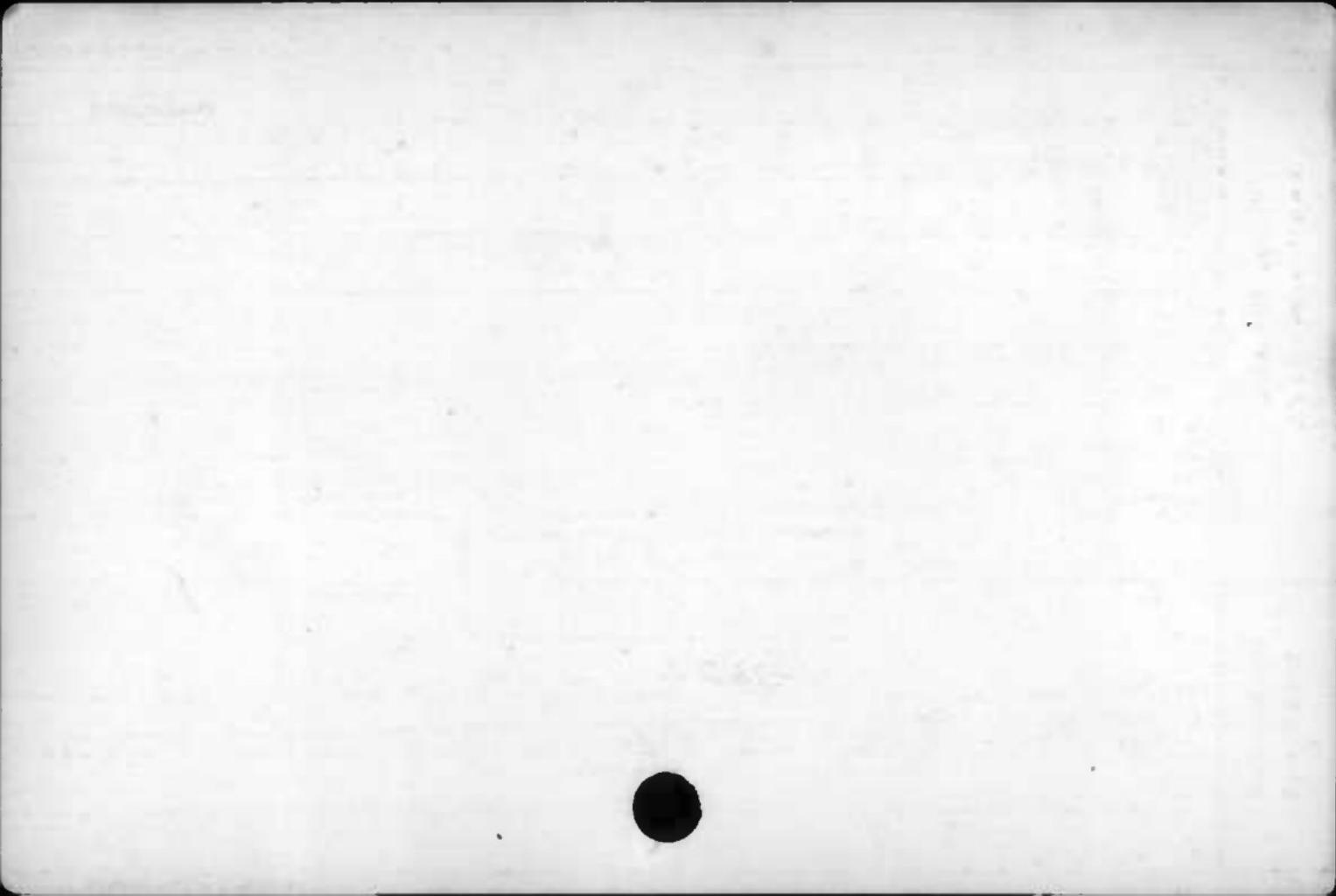


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Richard T. Scott					CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Age	Months	Days
Poolesville	montgomery					
1908 Nov	26		63			
Sex	Male	Color or Race	White	Birth-place	MD.	
Occupation	Physician	Where Residing if not at place of death			Poolesville	
Married, Single or Widowed	Mrsried	Name of Wife or Husband	Alice Poole			
Father's Name	Thomas Scott				Father's Birthplace	MD.
Mother's Maiden Name	Eleanor Chiswell				Mother's Birthplace	MD.
Name of person giving information	Julius Hall				How related to deceased	None
CAUSES OF DEATH						
Primary	Nephritis & heart Insufficiency 2 yrs. + 15 months					
Immediate	cardiac asthma 7 days					
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E W White			
		Address	Poolesville			
Accident or Suicide?			MD.			

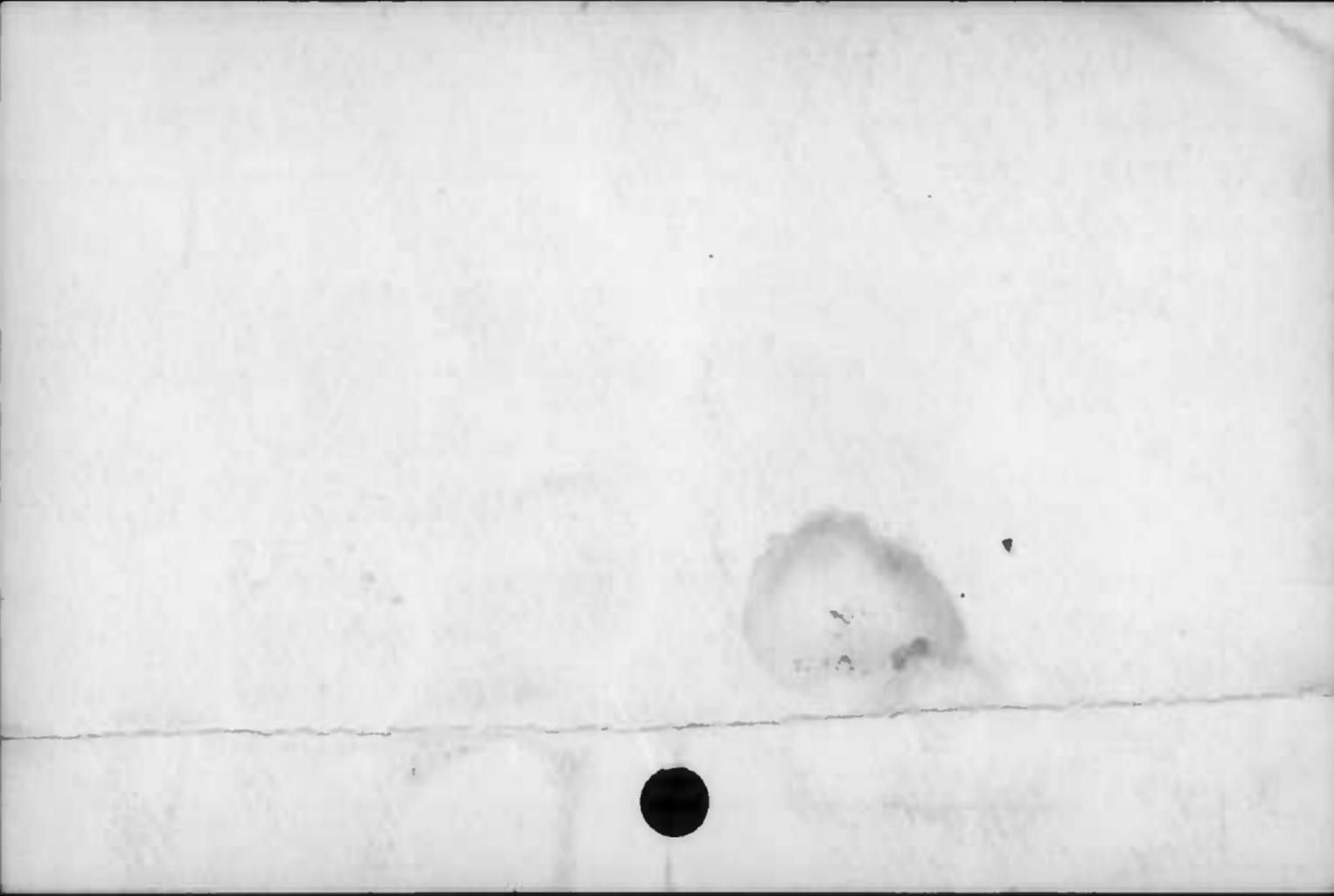


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Town		County		CERTIFICATE OF DEATH	
Died at	Russellton	Month	Nov.	Day	13	Years	MARYLAND
Date of death	1908	Month	Nov.	Day	13	Age	Years
Sex	Male	Color or Race	White	Birth- place	md	Months	Days
Occupation	none	Where Residing if not at place of death			md		
Married, Single or Widowed	Single	Name of Wife or Husband			md		
Father's Name	Howard Griffith				Father's Birthplace	md	
Mother's Maiden Name	Elizabeth Jones				Mother's Birthplace	md	
Name of person giving Information	Howard Griffith				How related to deceased	Father	
CAUSES OF DEATH							
Primary	Stile bone	8			How long		
Immediate	Stile bone				How long		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		Eugene Jones		
			Address		Russellton, md		
Accident or Suicide?		No					



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	None				
Father's Name	None			Father's Birthplace	Maryland Co. Md.	
Mother's Maiden Name	None			Mother's Birthplace	Maryland Co. Md.	
Name of person giving Information	Herbert Dublin			How related to deceased	No relation	

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary Physical Asthmeia

How long

st-billi-

Immediate Still born

How long

Are the name, age, sex, color, date and place correctly given above?

Yes as

Signature of Physician

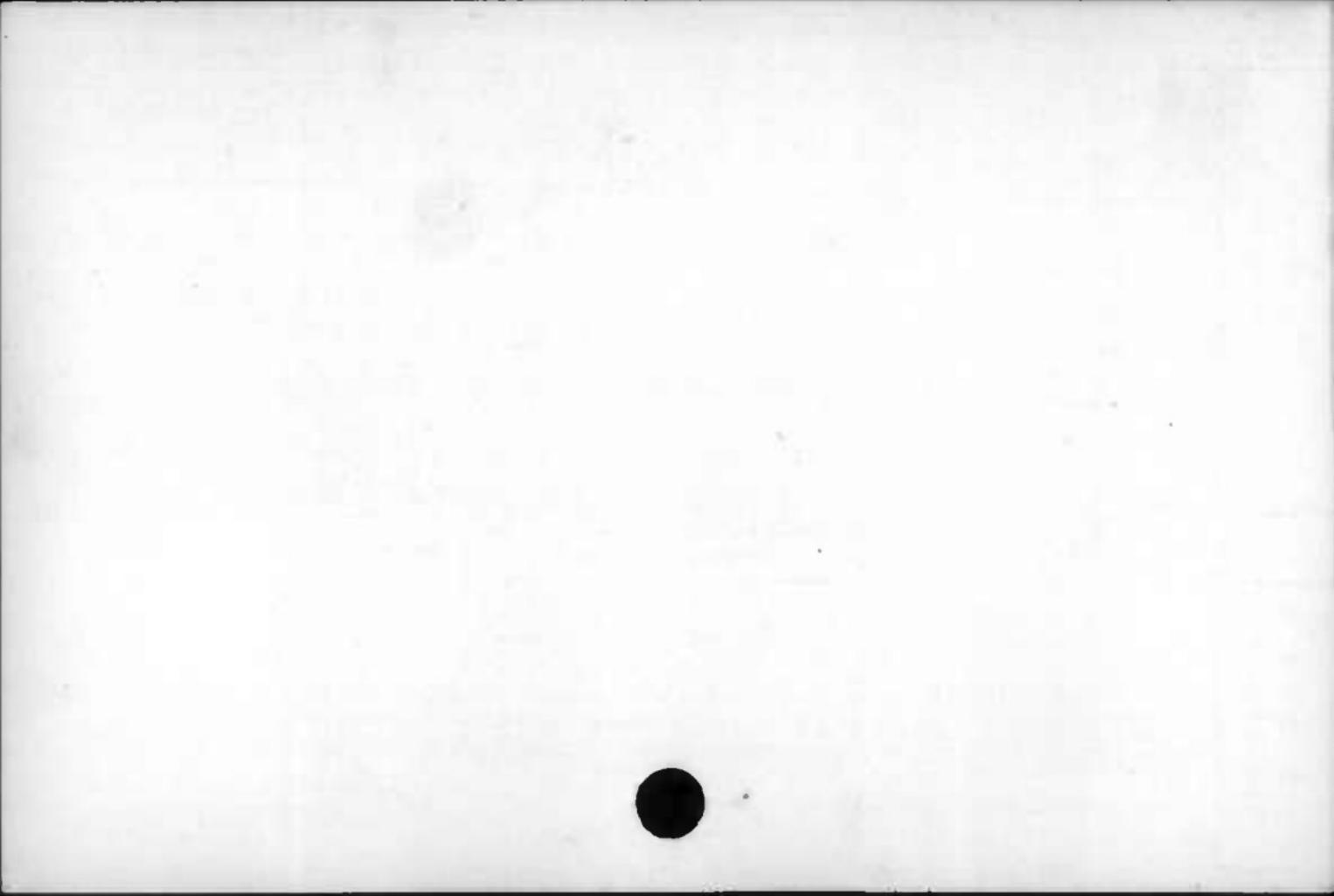
Chas. Farquhar, M.D.

for as known

Address

Olivey M.D.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Cecelia Hendey

Town

Oxon Hill

County

Montgomery

MARYLAND

Died at

Month

NOV 18 1908

Year

61

Months

Days

Date
of death 190

Age

Sex

Color or
Race

White

Birth-
place

Montgomery Md

Occupation

Where Residing if not
at place of death

Housework

Married, Single
or Widowed

Name of Wife or
Husband

Thomas Hendey

Father's
Name

Wilm' West

Father's
Birthplace

Montgomery

Mother's
Maiden Name

Barry Purring

Mother's
Birthplace

Montgomery
None

Name of person giving
Information

Miss H. Nixon

How related
to deceased

CAUSES OF DEATH

Primary

Cerebral Haemorrhage.

How long

34 days.

Immediate

Paralysis

How long

34 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Mrs

Address

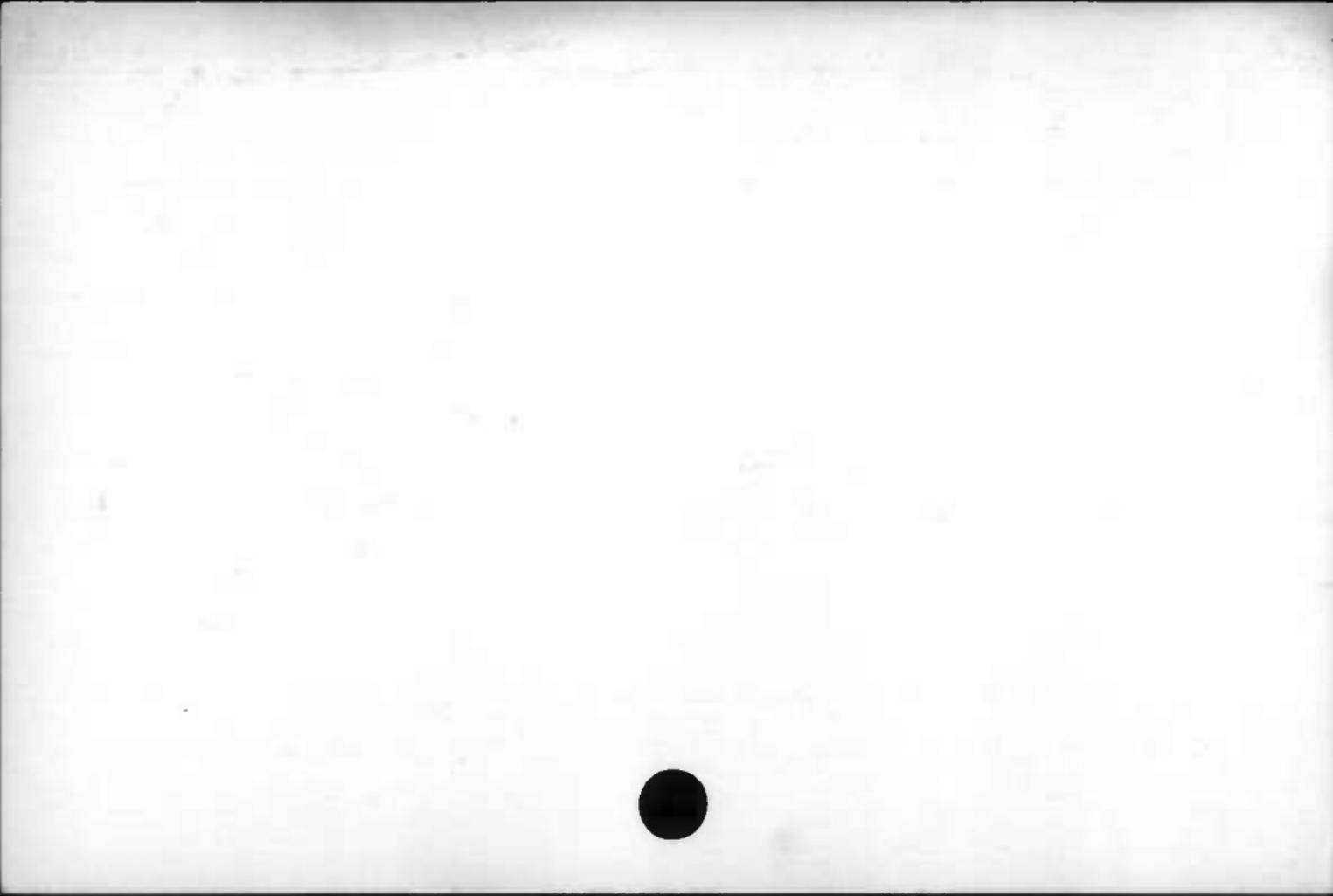
M.J. Potts

R.2 Rockville. Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Neither



Name
in
Full

Elyz à Morris on Funkey
Woodside Queen Anne Maryland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1908 Nov	Month Day	Year	Days
Sex	Funeral Color & Race	White	Ireland
Occupation	None	Where Residing if not at place of death	Woodside Md
Married, Single or Widowed	Widow	Le Charles A Dlynken	England
Father's Name	Alex Morris	Father's Birthplace	England
Mother's Maiden Name	Elijah Morris	Mother's Birthplace	England
Name of person giving Information	Elizabeth M Benedict	How related to deceased	daughter

CAUSES OF DEATH

64

How long

9 days

How long

9 days

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

Immediate

Exsanguination

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Alfred S Barnes
Baltimore Park, Md.

Accident or Suicide?

Dr. Remond
Tobin a
g.c.

Name
in
Full

Edward J Kelley

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Same			
Father's Name	Josie Collins Kelley			Father's Birthplace	Md
Mother's Maiden Name	Physician			Mother's Birthplace	Md
Name of person giving information				How related to deceased	none

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary	Bronchial asthma		How long
Immediate	Heart Failure		How long
Are the name, age, sex, color, date, and place correctly given above?	yes	Signature of Physician	W.L. Seino
		Address	Kensington
Accident or Suicide?	no		



Name
in
Full

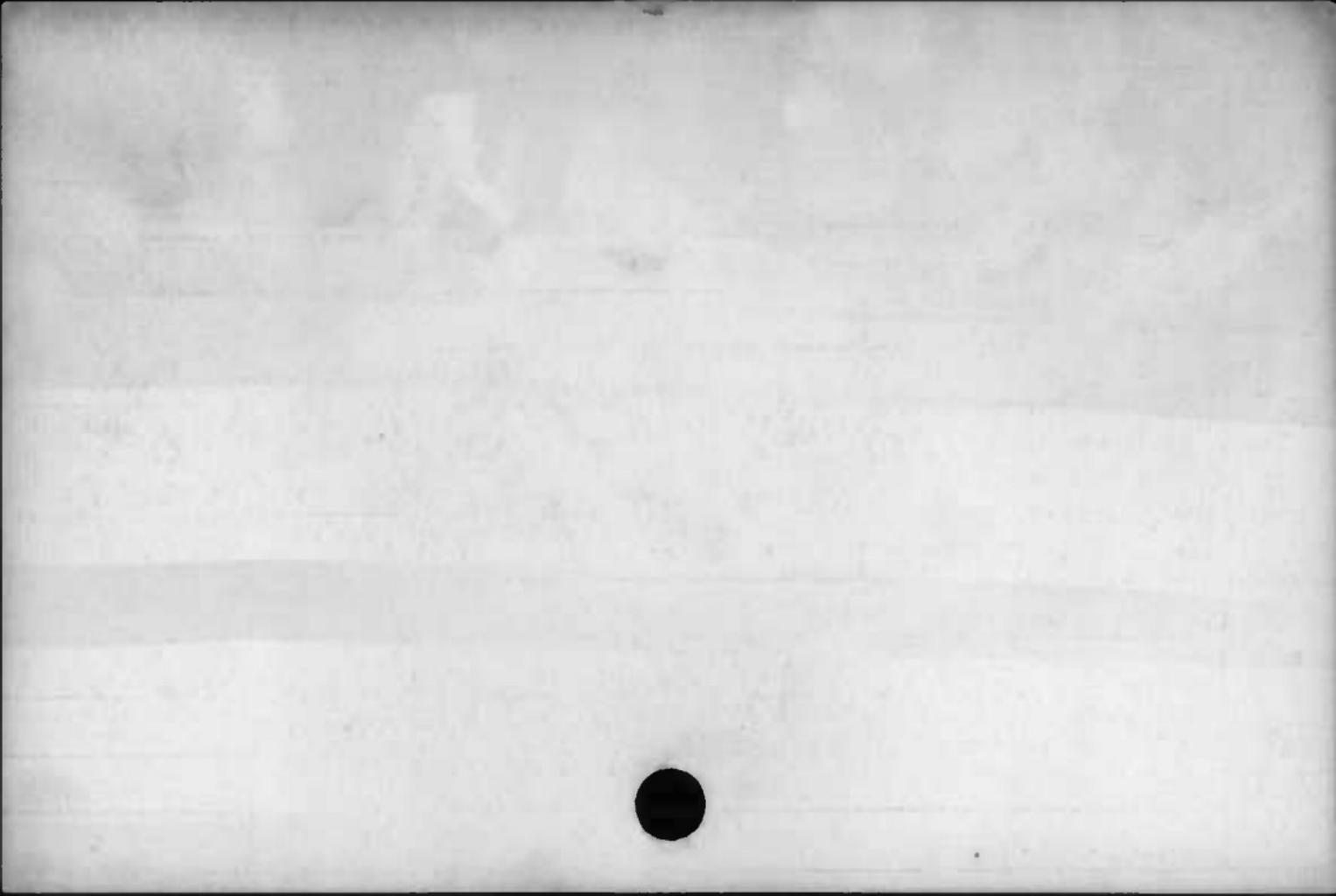
Frank Kretschmer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
1908	Nov	1	19	9	
Sex	Male	Color or Race	Birth-place	Russia	
Occupation	Merchant	Where Residing if not at place of death	Halpine, Ill		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel Kretschmer	of	Father's Birthplace	Russia	
Mother's Maiden Name	Rachel Kretschmer		Mother's Birthplace	Russia	
Name of person giving Information	R. Packens	of	How related to deceased	Cousin	
CAUSES OF DEATH					
Primary	Gun shot wound of chest, stomach & intestines	How long	23 hours		
Immediate	Internal hemorrhage	How long	23 hours		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. H. Mannar M.D.		
		Address	Rockville		
Accident or Suicide?		No			



Name
in
Full

Cora Lee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Colored	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Dennis Lee		Father's Birthplace	Baltimore Md	
Mother's Maiden Name	Mary Orley		Mother's Birthplace	" "	
Name of person giving Information	Dennis Lee		How related to deceased	Father	

CAUSES OF DEATH

116

Primary

Pertomitis

How long

Three days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

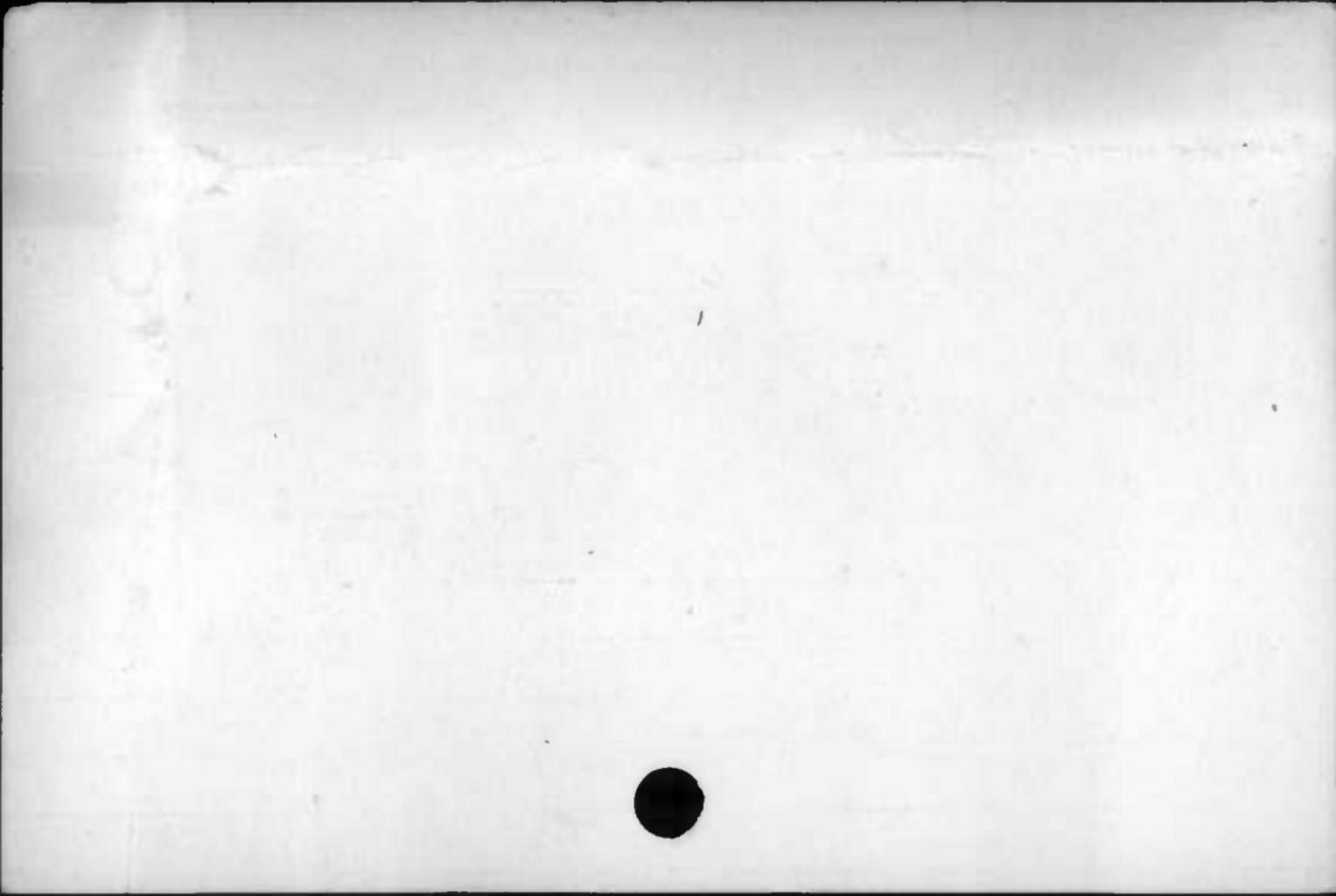
Signature of Physician

J.H. Stoenestreet

Address

Barnesville Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Still Born Luster						CERTIFICATE OF DEATH			
Died at	Town	County	MARYLAND						
Died at	Emory Grove	Montgomery							
Date of death	Month	Day	Years	Months	Days				
of death	1908 Nov	15	—	Age	—				
Sex	Male	Color or Race	Black	Birth-place	Emory Grove				
Occupation	Where Residing if not at place of death								
Married, Single or Widowed	Name of Wife or Husband								
Father's Name	Aaron Luster		Father's Birthplace						
Mother's Maiden Name	Harriett Moore		Mother's Birthplace						
Name of person giving information	Aaron Luster		How related to deceased						
CAUSES OF DEATH									
Primary	S								
Asphyxia	How long								
Immediate	/								
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician								
Yes	E.C. Atchison								
	Address								
	Gardiner, Md								
Accident or Suicide?									

PHYSICIAN
OR CORONER



Name
in
Full

G C Amosser

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

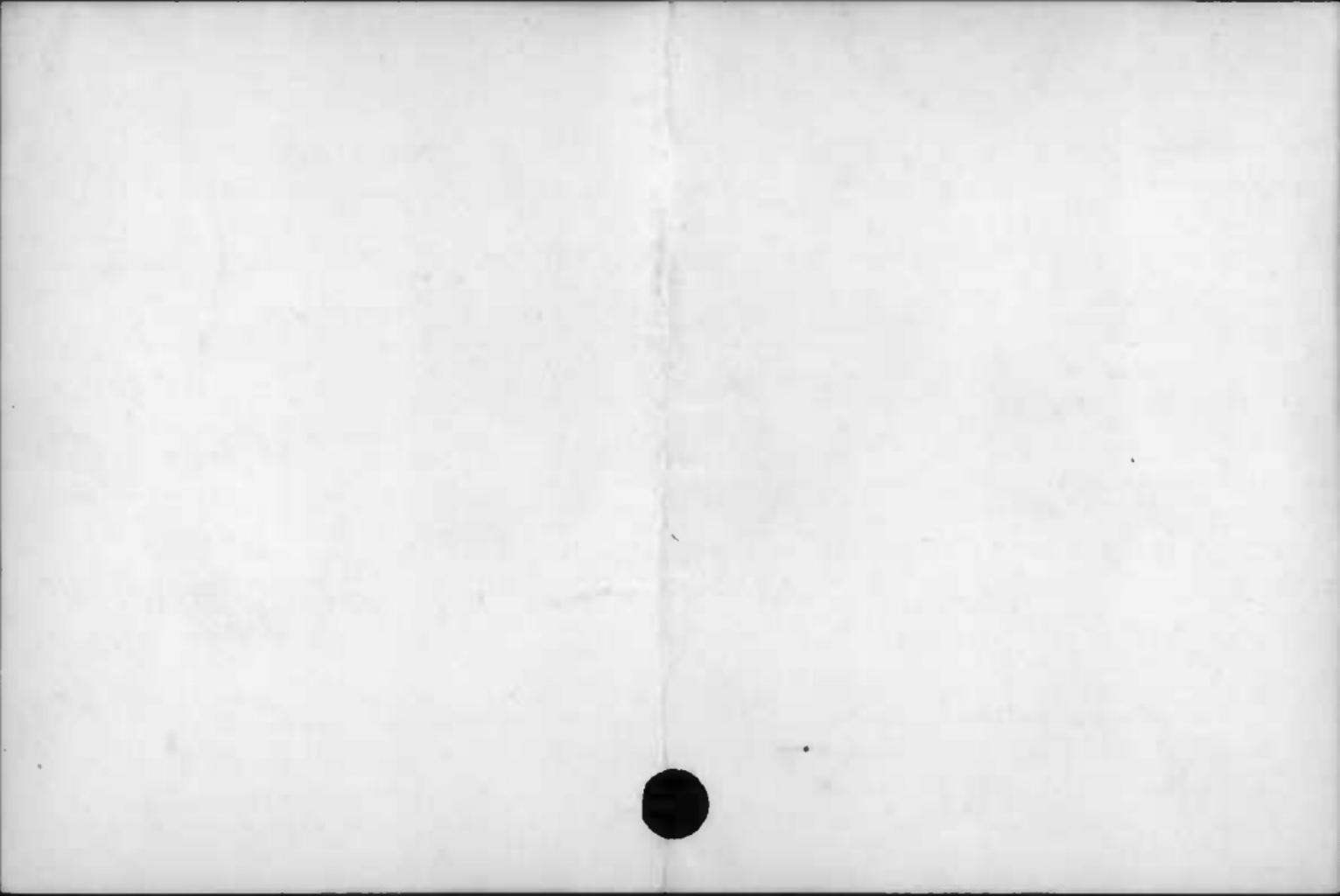
Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	67			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace			
Mother's Maiden Name	Sarah Henderson	Mother's Birthplace	Kentucky			
Name of person giving information	J. C. Henderson	How related to deceased	nephew			

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	Diabetes	
Immediate	Diabetic coma	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Shl Born Neuman
Ridland Town Montgomery County

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Day	Years	Months	Days
Date of death	Month	Age			
Sex	Color or Race	Colonist	Birth-place		
Occupation	Where Residing if not et place of death				

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving
Information

How related
to deceased

Frank Neuman 3rd
Carrie Liles 3rd
Frank Neuman Yale

(S)

CAUSES OF DEATH

Primary

Aphyxia

How long

Immediate

C

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

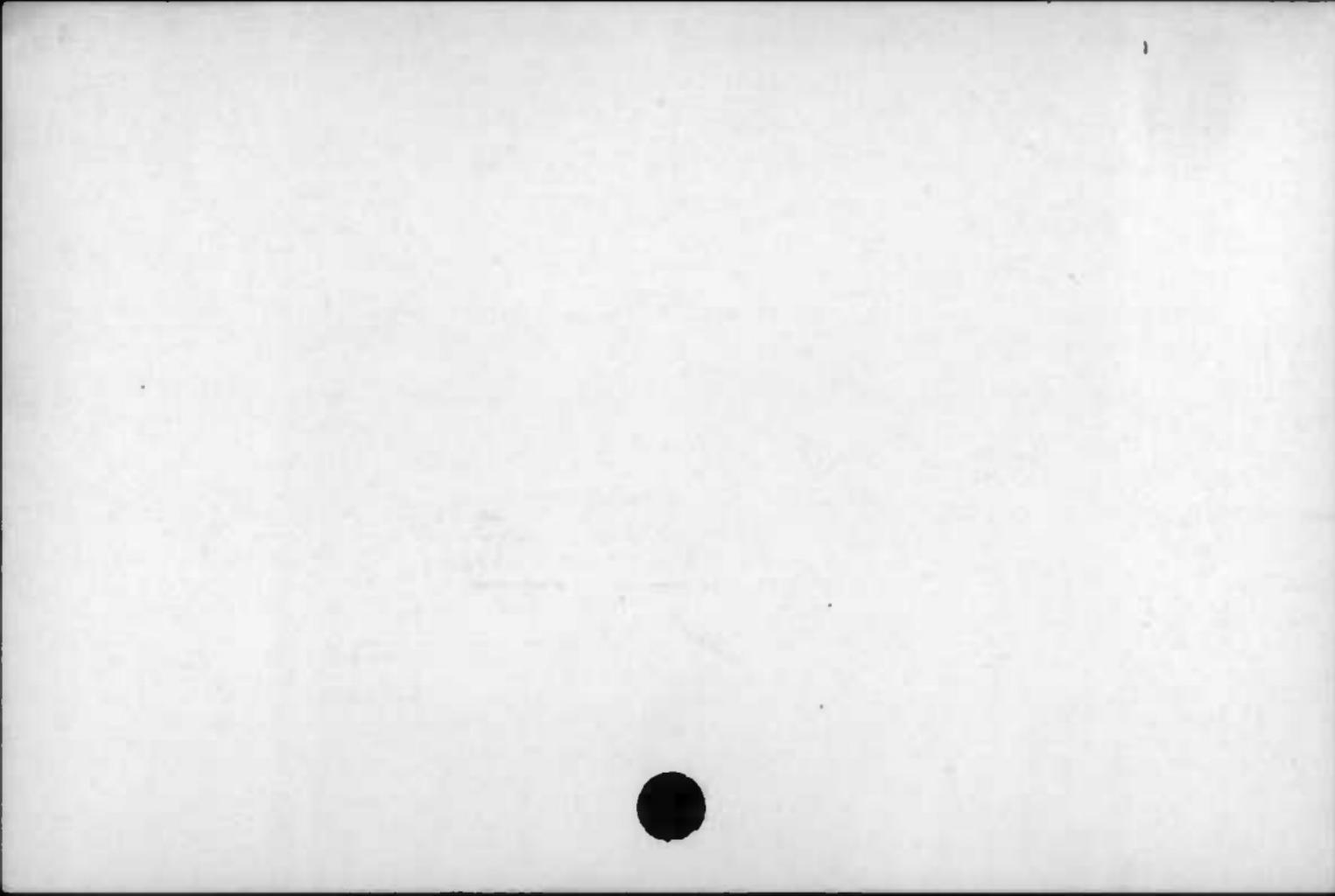
Address

E.G. Cichson
Gaithersburg MD

PHYSICIAN
OR CORONER

Accident or Suicide?

Yes



Name
in
Full

Eliza Parkins Kijdorff

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1908	11	29	64	10	26	
Sex	Female	Color or Race	white	Birth-place	Middleton, Va.	
Occupation	none	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Louis M. Kijdorff				
Father's Name	David J. Miller	Father's Birthplace	Va.			
Mother's Maiden Name	Mary E. Parkins	Mother's Birthplace	Va.			
Name of person giving information	Wm. Carrie R. Limberlake	How related to deceased	Sister			

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	Carcinoma Uterus		How long	3 years.
Immediate	"	Secondary infection	How long	6 months
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Geoffrey Wright, M.D.
			Address	Forest Glen, Md.
Accident or Suicide?				

1
2
3

Name
in
Full

Sarah A. Penn

CERTIFICATE OF DEATH

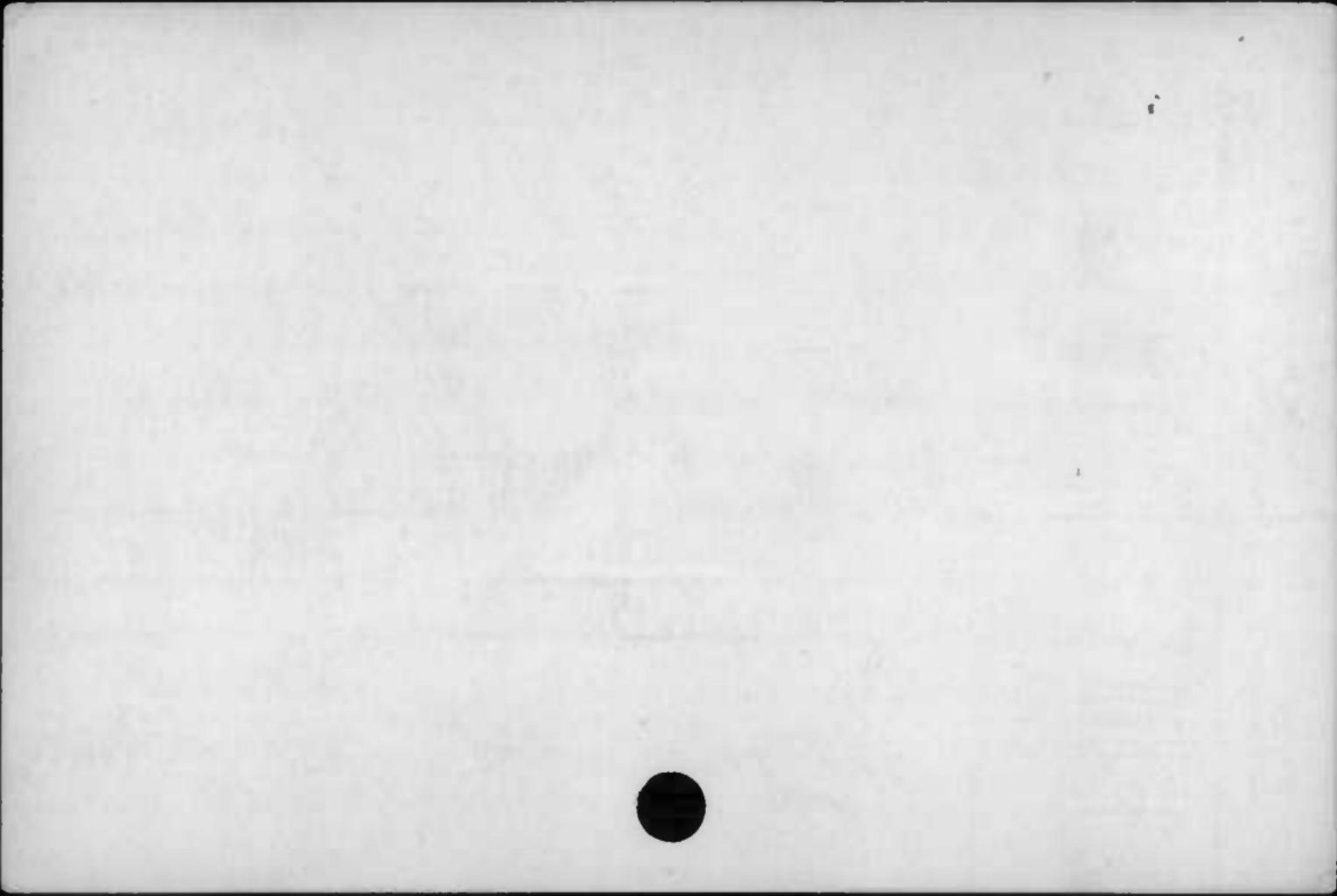
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mother's Birthplace
Father's Name	Wm Penn	Unknown	Unknown
Mother's Maiden Name	Sarah Penn	Unknown	Unknown
Name of person giving information	Sister - in - law	How related to deceased	Sister-in-Law

CAUSES OF DEATH

Primary	old age	64	How long
Immediate	Apothecy	One hour	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Rachel Peter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Seneca

Town

County

MARYLAND

Date of death 1908 Month 11

Day 9

Years

Age 37

Months

Days

Sex Female

Color or Race

Negro

Birth-place

Bethesda Md.

Occupation

Housewife

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed

Name of Wife or Husband

Henry Peter

Father's Birthplace

Father's Name

Cornelius Stuart

Da.

Mother's Maiden Name

Eloisa Stuart

Da.

Name of person giving
Information

K. D. House

How related
to deceased

Son.

CAUSES OF DEATH

64

Primary

Paralysis (cerebral hemorrhage)

How long

12 hrs

Immediate

Convulsions

How long

12 hrs

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

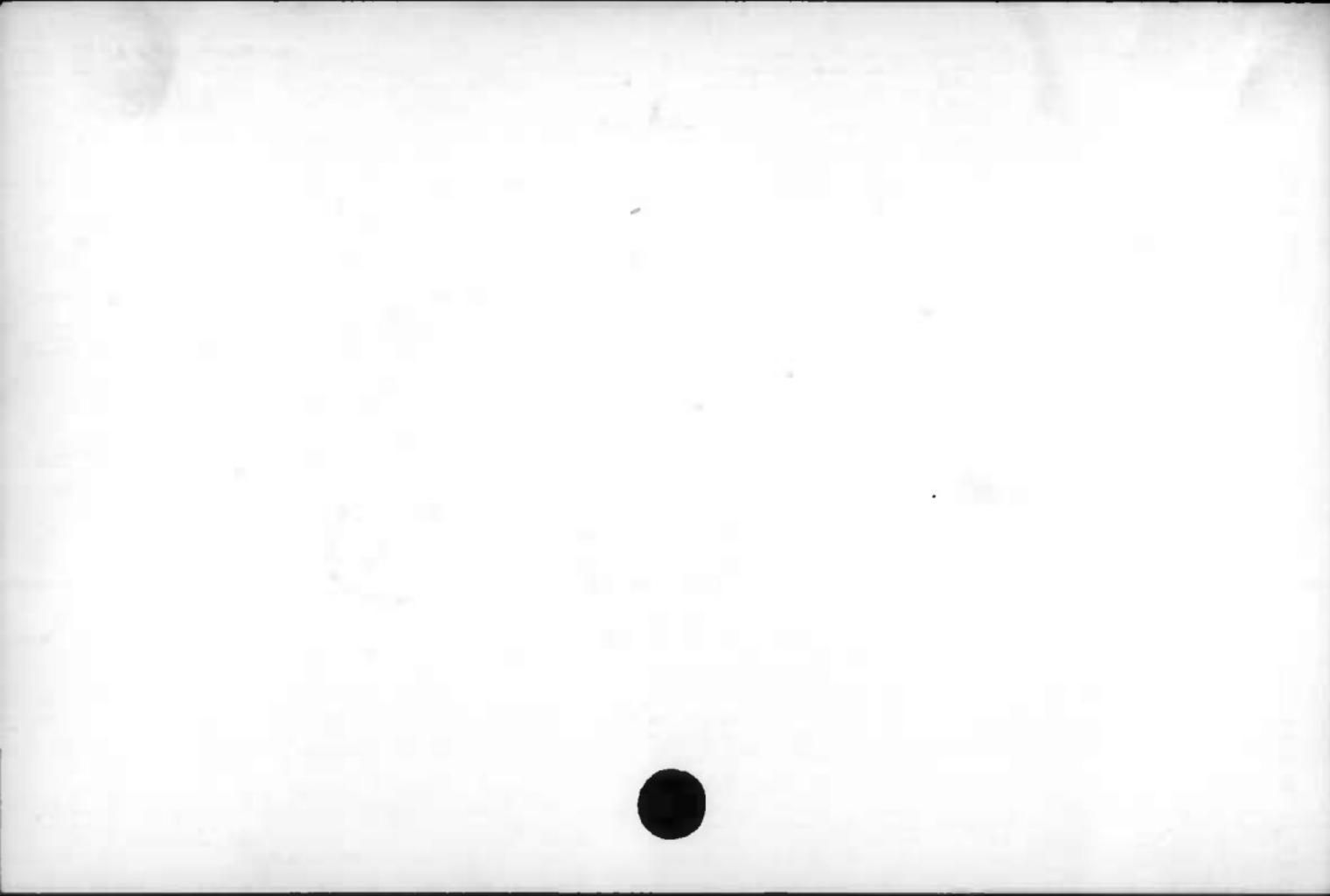
yes

Signature of
Physician

Address

K. D. House M.D.
Dawsonville Md.

Accident or Suicide



Name
in
Full

Martha King Plummer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Newington	County Montgomery	MARYLAND	
Date of death 1908 Nov	Month Nov	Day 20	Years Age 78
Sex Female	Color or Race Colored	Birth- place	Montgomery Co
Occupation Cook	Where Residing if not at place of death —		
Married, Single or Widowed Single	Name of Wife or Husband —		
Father's Name Hanson Plummer	Father's Birthplace Montgomery		
Mother's Maiden Name don't know	Mother's Birthplace Not Known		
Name of person giving Information Ford Keys	How related to deceased Cousinlaw		

CAUSES OF DEATH

166

How long

17 days

How long

several days

PHYSICIAN
OR CORONER

Primary

Injury occurred from fall down stairs

Immediate

Paralysis from injury to spine

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

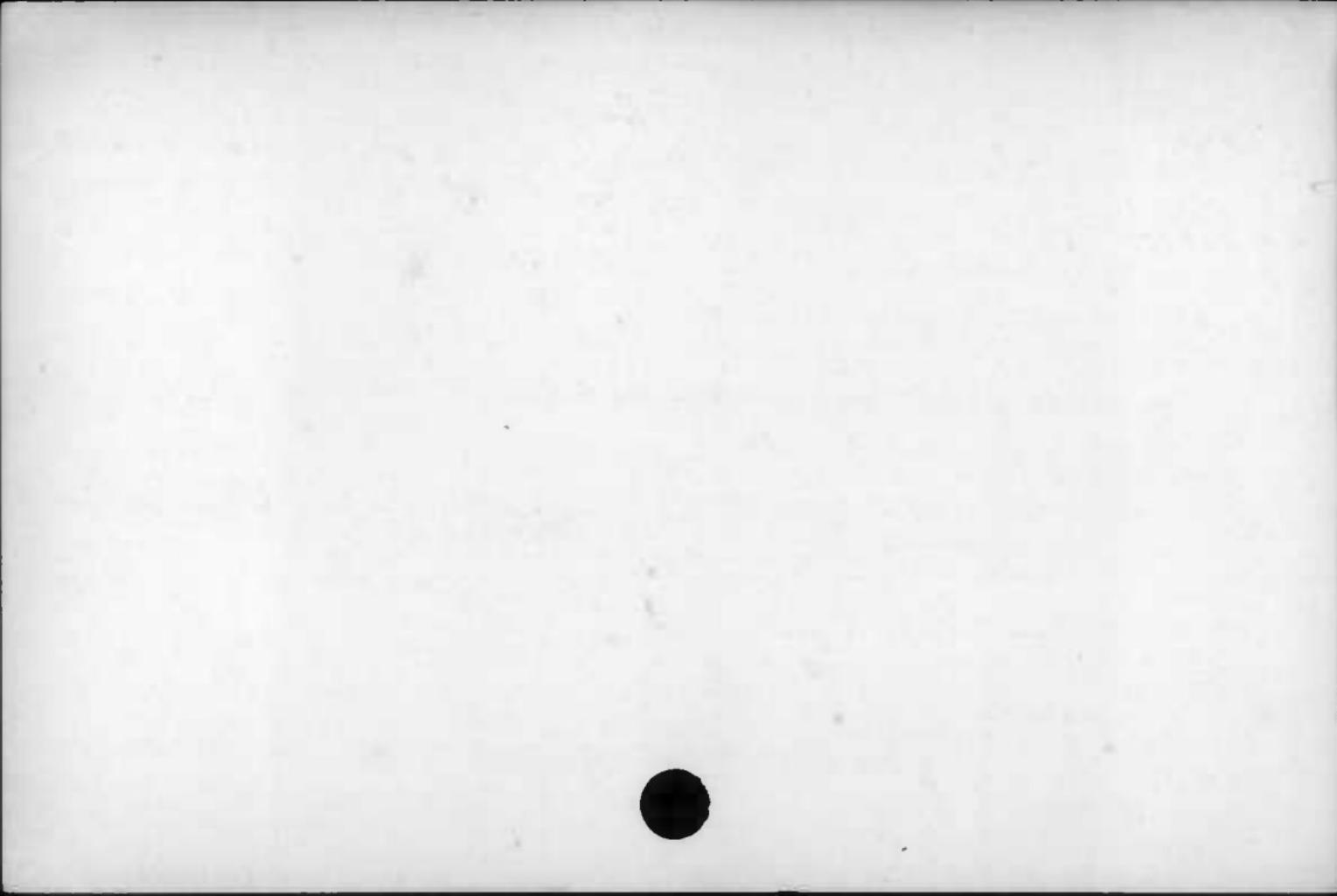
Address

V H Dyer

Laytonsville

Montgomery Co

Accident or Suicide?



Name
in
Full

Mary Hammond Scott

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single	Name of Wife or Husband	Sandy Spring			
Father's Name	James H Scott				
Mother's Maiden Name	Howard Co.				
Name of person giving information	Mother's Birthplace				
	How related to deceased				

✓ 113

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Gall stone rock across*
Immediate *abcess of Liver*

How long *concluded 3-year*
How long *3 months*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Roger Brooks
Sandy Spring
Md

Accident or Suicide?

Name
in
Full

Hann Leggwick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1908	Mar	5	Age 34
Sex	Color or Race	Birth-place	
male	black	Bethel	
Occupation	Where Residing if not at place of death		
waiter			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
married	Tom Leggwick	Bethel	
Father's Name	Mother's Maiden Name	Mother's Birthplace	
Name of person giving information	How related to deceased		
G. B. Anderson			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

same

How long

Are the name, age, sex, color, date and place correctly given above?

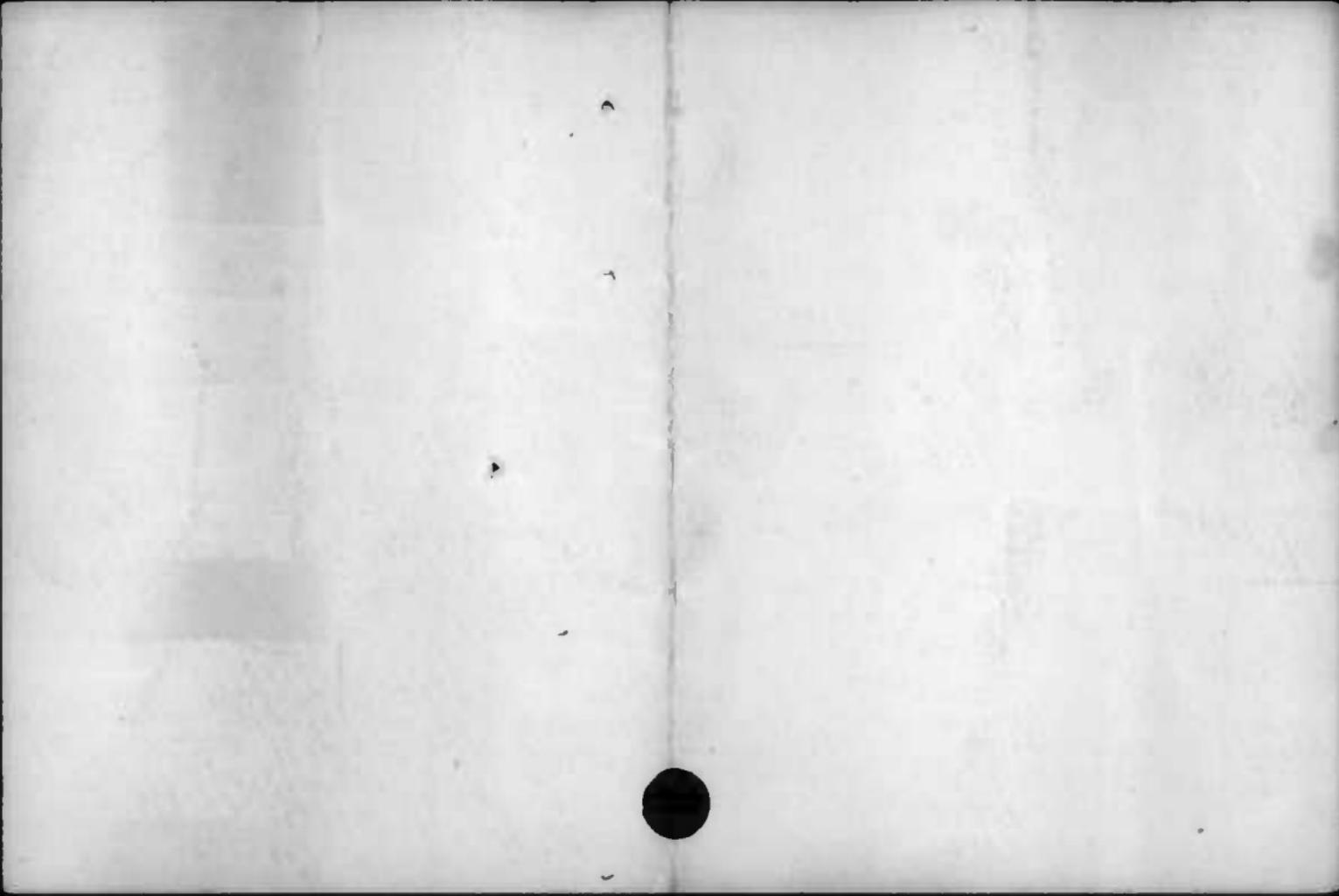
yes

Signature of Physician

Address

A. G. Anderson, Jr.
Bethel

Accident or Suicide?



Name
in
Full

L. Stevens and

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		Maryland	
Date of death	Month	Day	Years	Months	Days	
1908	Nov	-	Age 51	-	-	
Sax	m	Color or Race	w	Birth-place	Baltimore	
Occupation	Where Residing if not at place of death					
R.R. employee	Baltimore					
Married, Single or Widowed	Don't know	Name of Wife or Husband	-	Father's Birthplace	-	
Father's Name	?	-	-	Mother's Birthplace	-	
Mother's Maiden Name	?	-	-	How related to deceased	Not at all	
Name of person giving Information	Jos Reading - Coroner					

CAUSES OF DEATH

Primary

Crushed by engine

Immediate

Shock & exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

166

How long

1/2 to 3/4 hour

How long

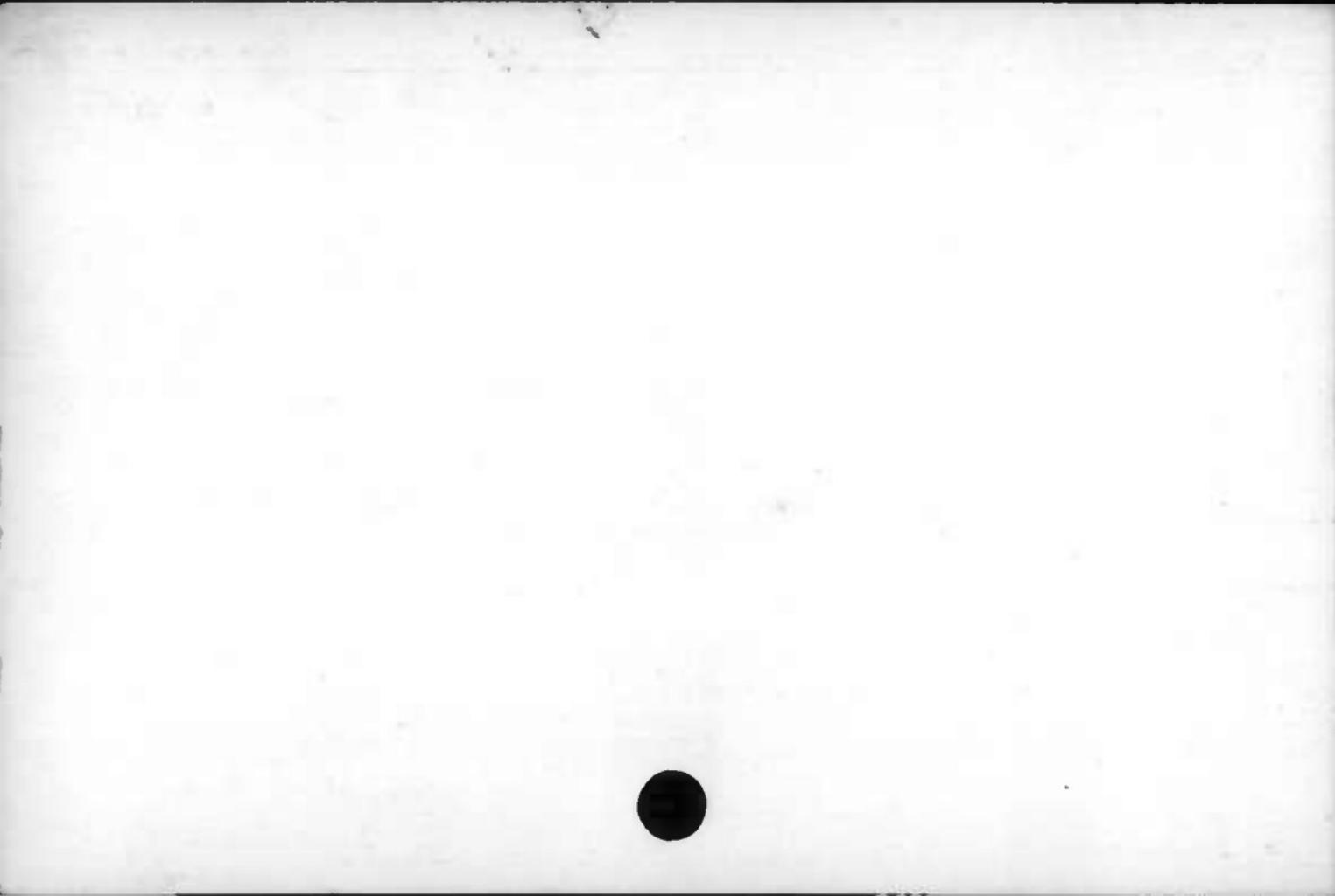
2 " "

Accident or Suicide?

yes

C. H. Mann M.D.
Health Officer

Rockville -



Name
in
Full

Andrew J. Snowden

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Howard C ^o Md				
Mother's Maiden Name	Howard C ^o Md				
Name of person giving information	How related to deceased				

1908 November 10th 30

Male Black

General Servant

Single

Asbury M Snowden

Charlotte Snowden

Mrs Elistua Riggs

Howard C^o Md

Howard C^o Md

None

CAUSES OF DEATH

159

PHYSICIAN
or CORONER

Primary

Suicide

Immediate

Burst wound in stomach self inflicted

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Coroner

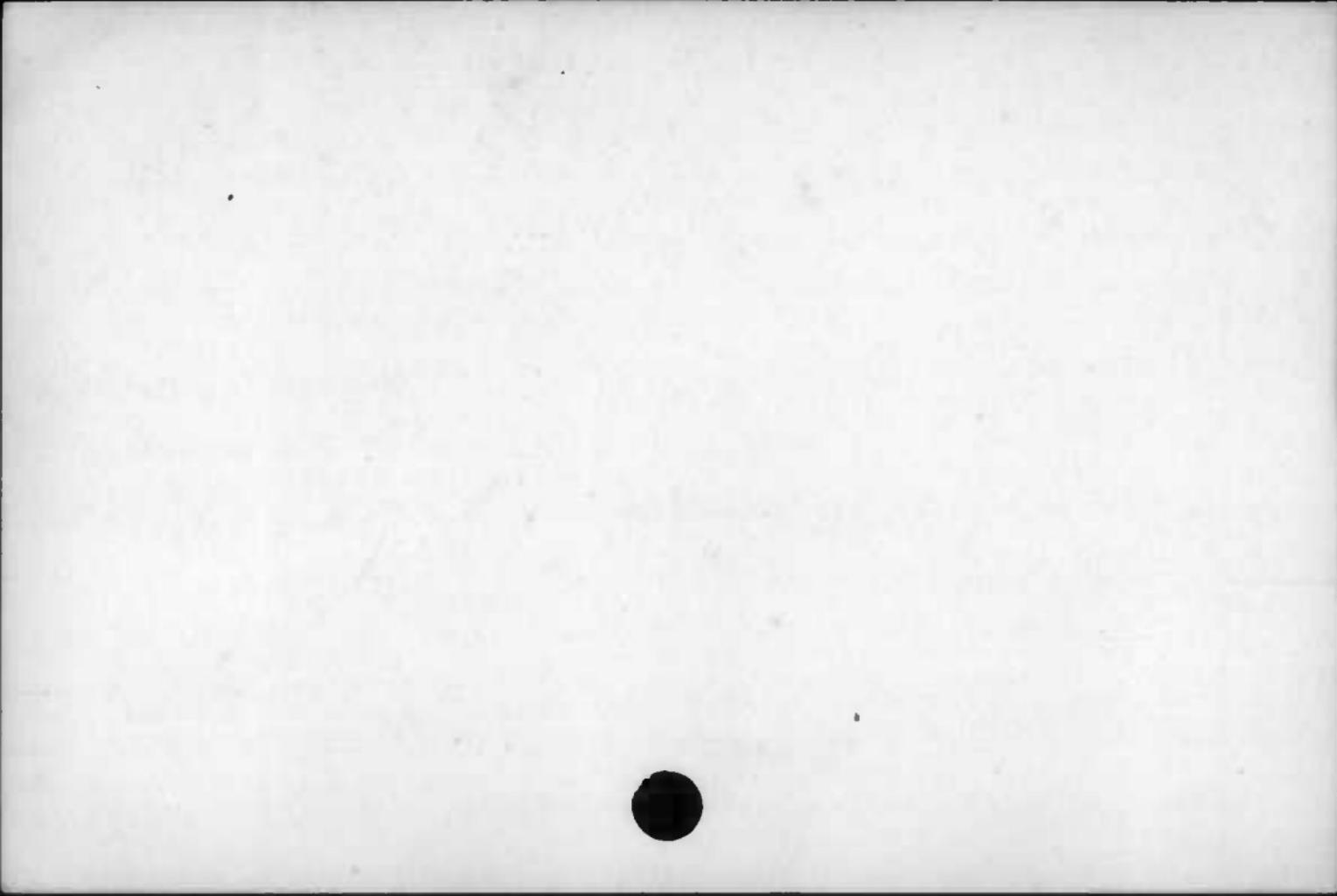
Edwin O. Brown, Jr.

Address

Laytonsville, Md.

Accident or Suicide?

Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oakdale</u> Town <u>Town</u>			Thomas County <u>Montgomery</u>			CERTIFICATE OF DEATH	
Date of death <u>1908</u>	Month <u>Nov.</u>	Day <u>15-</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>Part of day</u>	MARYLAND
Sex <u>Male</u>	Color or Race <u>Colored</u>	Occupation <u>None</u>	Where Residing if not at place of death <u>None</u>	Birth-place <u>Baltimore Co., Md.</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>	Father's Name <u>Charles Thomas</u>	Father's Birthplace <u>Baltimore Co., Md.</u>	Mother's Maiden Name <u>Mary Young</u>	Mother's Birthplace <u>Baltimore Co., Md.</u>	How related to deceased <u>Mother</u>	
Name of person giving information <u>Mary Young</u>							

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

Immediate

Premature

How long

6 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas. Farquhar.

Oley.

Med.

Accident or Suicide?

